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## A NATIONAL HEALTH BUREAU.

BY THE SURGEON-GENERAL OF THE ARMY, GEORGE M.  
STERNBERG.

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WE plume ourselves upon the extent of our territory, the intelligence and enterprise of our people, and our rapid progress in all of the arts which add to the comfort and enlightenment of man; but in one particular, at least, we are lamentably behind the leading countries of Europe. We have to-day no central health bureau, and, so far as national legislation is concerned, the sanitary interests of the people have received but little attention. It is true that laws have been enacted with a view to the exclusion of exotic pestilential diseases. But even if it should be conceded that the national quarantine service, as at present administered, is efficient for this purpose—and this is not conceded by many leading sanitarians in the country—the necessity for a central health bureau would be none the less imperative.

From the point of view of sensational writers for the daily press, and, unfortunately, of many of those upon whom national legislation depends, the exclusion of cholera, yellow fever, and other exotic maladies is the prime object of national sanitary legislation; and past experience shows that it is only under the stimulus of a recent or threatened epidemic that the attention of our lawmakers can be fixed upon these important interests long enough to secure any action. And yet it is well known to health officials and to the medical profession generally that the mortality from preventible diseases which prevail in all parts of the country, such as consumption, typhoid fever, diphtheria, summer diarrhœa of children, etc., is far greater than that caused by cholera or yellow fever in countries where these diseases prevail

habitually. Even in Havana and in Rio de Janeiro, where yellow fever is endemic, the mortality from consumption considerably exceeds that from yellow fever. And during the recent extended prevalence of cholera in Europe the mortality from this disease has not been great compared with that from the endemic infectious diseases mentioned—tuberculosis, typhoid fever, and diphtheria.

The exclusion of exotic pestilential diseases by quarantine restrictions will be imperative until such time as our towns and cities shall have been made proof against the extension of such diseases by sanitary measures which can readily be formulated to-day, but the execution of which calls for the expenditure of large sums of money and for the enactment and honest execution of state and municipal laws founded upon the exact knowledge now in the possession of sanitarians.

The principal objects of a central health bureau should be to extend and disseminate this exact knowledge, to give advice with reference to its application to special cases; to correspond with the central health authorities of other countries, for the purpose of learning their methods of sanitary administration and the results of the same; to collect and publish vital statistics, etc. Not the least of its functions will be that last mentioned. It is only by the study of vital statistics that we can obtain precise information with reference to the principal areas of prevalence of various preventible diseases, the reasons for increased or diminished prevalence in a given area, the results obtained by sanitary improvements, etc.

If space permitted, numerous instances could be cited showing the value of such information collected by the central health authorities of European nations. Without doubt England has taken the lead in this line of investigation, and it is mainly through the information collected and disseminated by the "Registrar-General" that sanitary improvements have been stimulated and their results definitely determined. In the "decennial report" for the period ending in 1880, made by Dr. Wm. Ogle to the Registrar-General, he says :

"In 1861-70 there was on an average 22,416 deaths annually to a million persons living; in 1871-80 the proportion of deaths was only 21,272, a saving of 1,144 lives annually to each million of persons living."

A similar saving in this country would amount to over 68,000

per annum. Is this a saving worthy of the attention of Congress, or must sanitary legislation still be thrust aside to give time for discussions concerning the tariff and currency? This certainly is not "a local issue," and to many intelligent citizens it seems that the health of the people is entitled to consideration equal to that accorded to economic and educational questions. This view has been repeatedly expressed in resolutions adopted by the American Medical Association, the American Public Health Association, and other organizations interested in sanitary matters. By some it has been urged that the importance of the interests involved calls for the creation of a "Department of the Public Health," with a cabinet minister at its head. The arguments advanced in favor of this proposition have great force, but it is doubtful whether such a measure could be carried through Congress. It therefore appears to us that the bill prepared by the Committee of the New York Academy of Medicine, which proposes "to establish a Bureau of Public Health within the Department of the Interior of the United States," should receive the support of all those who have been in favor of a department of public health, and of intelligent citizens generally. This bill provides for a Commissicner of Public Health and an Advisory Council, the Commissioner to be

"an expert sanitarian appointed by the President, by and with the consent of the Senate. He shall preside at the meetings of the Advisory Council and shall be the responsible head and executive officer of the bureau."

We fully indorse this proposition to place a single commissioner at the head of the Bureau of Public Health. The defunct National Board of Health was weak because it consisted of several members living in various parts of the country, and who devoted their time—with the exception of the secretary—to other pursuits, except when they assembled in Washington for a regular or special meeting of the board. Moreover, this board, not being attached to either of the great departments of the Government service, had no defender in the cabinet and was subject to the attacks of enemies whose ambition it was to supplant it.

We also approve of the proposition to have the "Bureau of Public Health within the Department of the Interior of the United States." The demand for a central health bureau comes largely from the great interior States. It is here that the greatest saving of life can be effected by sanitary improvements, and it is

here that the greatest losses would occur if cholera should be introduced into the country through one of our seaports. That these great interior States shall have no voice with reference to the regulations to be enforced at seaboard cities for the exclusion of exotic pestilential diseases, which when introduced have no respect for State lines, is no more reasonable than to refuse them a voice with reference to the maintenance of a navy and of seaboard defences. They pay their share of the taxes which go to the support of the institutions for the common defence, and they are willing to pay their share of the expense of maintaining a national quarantine service.

This bill provides:

“That whenever the proper authorities of a State shall surrender to the United States the use of the buildings and disinfecting apparatus of a State quarantine station, the Commissioner of Public Health shall cause an examination thereof to be made by a competent person or persons, and if the said station, buildings, and disinfecting apparatus be found adapted to the purposes of a quarantine, and the Commissioner of Public Health approve of their use as such, the Secretary of the Treasury shall be authorized to receive them and to pay a reasonable compensation to the State for their use.”

Under this provision our quarantine service, in time, may become what it should be—national and uniform. At present the interior States feel that they are at the mercy of those local authorities who control the appointment of quarantine officials and the enactment of State or municipal laws governing the quarantine establishments. The laws may be satisfactory and their administration may be placed in competent hands, but there is no guarantee that this will continue to be the case. And if the laws are defective or the administration lax at a single seaport of our extended coast-line, the dreaded invasion may occur and the germs of pestilence be widely sown in spite of the intelligent efforts made for their exclusion at other ports.

Although the desirability of a uniform and national system of quarantine administration is apparent, this cannot be effected at once, and the only way of eventually accomplishing it appears to be that proposed in the bill under consideration. But just here lies the danger that the bill may be defeated through the influence of interested parties. Those at present in charge of quarantine establishments see in this clause a threat that they may be displaced by officials of the General Government. This, however, does not follow even if “the proper authorities of a State

shall surrender to the United States the use of the buildings and disinfecting apparatus of a State quarantine station." The man who has shown his efficiency in the administration of the State establishment would be wanted by the Commissioner of Public Health for similar service in connection with the national quarantine station.

Another important feature in the bill is the provision for an Advisory Council to consist of one member from each State of the United States. "Such member shall be a physician of good repute and standing and shall be appointed by the Governor of the State which he is to represent in the Council." This provision is a wise one from two points of view : The Commissioner will have the advice of a select body of sanitarians from all parts of the country, each one of whom will be able to give him valuable information with reference to sanitary matters in his own State and to put him in touch with the local health authorities for the purpose of obtaining sanitary data, etc. And, on the other hand, the members of the Advisory Council will obtain valuable information from the discussions held at the annual meetings and from a personal knowledge of investigations undertaken by the Commissioner, and will disseminate this useful information upon their return to their homes among the people of their respective States.

GEORGE M. STERNBERG.